

## **SERVICE DELIVERY UNIT DATA**

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## **SERVICE DELIVERY UNIT DATA**

A Service Delivery Unit (SDU) is defined as a single site offering a single treatment modality. A provider of substance abuse treatment services, for example, may have one physical location that provides three substance abuse treatment service modalities, and, therefore, has three SDUs (e.g., therapeutic community, methadone and drug-free). Likewise, a provider may have three separate locations, each providing the same service modality. Each location is a separate SDU. The Center for Substance Abuse Treatment (CSAT) has determined that there are six data domains which are critical to an analysis of substance abuse treatment providers at the SDU level. These domains include:

- Client characteristics
- Substance abuse treatment modality and approach
- Substance abuse treatment capacity
- Substance abuse treatment services offered
- Staffing characteristics
- Substance abuse treatment financing.

The SDU concept and SDU data collection strategies have been used across the CSAT cross-site evaluations and the Knowledge Development and Application program (KD&A).

Heretofore, there has been a lack of available methods for use in collecting key substance abuse treatment provider characteristics that would be appropriate for CSAT demonstrations. Therefore, CSAT directed the development of a new methodological approach, which is designed to collect key information about services provided at the SDU level.

Service Delivery Unit data are collected by a two step process, using two instruments: the Service Delivery Unit Information Data Collection form and the Service Delivery Unit Description Data Collection Form. Each is described briefly below. The instruments follow this introduction. The development of the SDU data collection forms will continue to evolve over time. To assist in the collection of SDU data, a glossary of key terms is provided.

### **1. SERVICE DELIVERY UNIT INFORMATION DATA COLLECTION FORM**

The SDU information form is an instrument designed to collect key information about the types of substance abuse treatment units (SDUs) to which clients are referred. The form consists

of two main question categories: SDUs within an organization and SDUs outside an organization.

## **2. SERVICE DELIVERY UNIT DESCRIPTION FORM**

The SDU Description is an instrument that focuses on a single service delivery unit. There are, however, several response categories designed to capture the breadth of services offered by the SDU and by referral. Throughout, the SDU Description asks the respondent to think in terms of: (1) services that are not provided by the SDU; (2) services that are not provided by the SDU, but to which clients are referred (either within the same agency or to an outside agency); (3) services that are provided on site by the SDU; and (4) services that are provided on site, but by another agency or organization entity.

The instrument, once drafted by the National Evaluation Data and Technical Assistance Center (NEDTAC), was carefully reviewed by CSAT evaluation and program staff participating in national cross-site evaluations and where necessary tailored for each program area. In addition, the SDU was reviewed by several experts in the field of substance abuse treatment and evaluation at each developmental stage. The “generic” SDU was developed using a similar instrument developed by National Opinion Research Center (NORC), Research Triangle Institute (RTI) and the MayaTech Corporation for the CSAT-funded National Treatment Improvement Evaluation Study (NTIES)<sup>1</sup> contract.

It is anticipated that the SDU Information and Description forms will be completed annually by CSAT-funded substance abuse treatment providers or by substance abuse treatment providers who are part of a CSAT-funded system (e.g., Juvenile/Criminal Justice Treatment Networks). The instrument should be completed by the project director who may find the assistance of the Management Information System (MIS) and/or financial manager helpful. When data are submitted to CSAT as part of a national evaluation effort, no information identifying specific projects or respondents will be identified in any report developed as part of the evaluation effort.

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<sup>1</sup> The NTIES design was based on an instrument developed for the Drug Abuse Reporting Program (DARP), the Treatment Outcome Prospective Study (TOPS) and the Drug Abuse Treatment Outcome Study (DATOS).

**SERVICE DELIVERY UNIT INFORMATION**  
**DATA COLLECTION FORM**

## SERVICE DELIVERY UNIT INFORMATION

### DATA COLLECTION FORM

This Service Delivery Unit Information form is designed to collect key information about the types of substance abuse treatment units (SDUs) to which you refer your clients. This form consists of two main question categories. First, you will be asked about the SDUs within your organization to which you refer clients. Second, you will be asked about the SDUs to which you refer clients outside of your organization.

In order to maintain consistency in reporting among projects, please review the following definition of a SDU.

A **Service Delivery Unit (SDU)** is defined as a single site offering a single treatment modality. A provider of substance abuse treatment services, for example, may have one physical location that provides three substance abuse treatment service modalities and, therefore, has three SDU's (i.e., freestanding residential detoxification, non-hospital long-term residential, outpatient, etc.) or a provider may have three locations that provide the same modality or type of care (i.e., three freestanding long-term programs in three different parts of the city). In each example, three distinct SDUs are identified.

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Please complete the following identifying information:

**Name of Respondent:** \_\_\_\_\_

**Specific Role (e.g., Project Director):** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**CSAT Project Title:** \_\_\_\_\_

**CSAT Grantee No:** \_\_\_\_\_

1. **SDUs TO WHICH YOU REFER CLIENTS WITHIN YOUR ORGANIZATION**

1.1 How many separate SDUs do you refer clients to within your organization?

\_\_\_\_\_ (# of SDU's)

For each SDU within your organization please complete the following information  
(Use the attached Table A: SDUs Within Your Organization)

1.2 What is the name of this SDU? (*Column 1, Table A*)

1.3 Which ONE category BEST describes this facility? (*Column 2, Table A*)

- a. A general hospital with a specialty substance abuse unit
- b. A general hospital without a specialty substance abuse unit
- c. A psychiatric hospital
- d. Other specialized hospital (for example, veterans, alcoholism, maternity, children, orthopedics)
- e. Correctional facility
- f. School
- g. Sole or group practice
- h. Freestanding (non-hospital, outpatient or residential)
- i. Other (specify):\_\_\_\_\_

1.4 How would you describe this facility? (*Column 3, Table A*)

- a. A multi-service mental health organization (includes community mental health centers)
- b. A community health center
- c. Other community facility, such as a church, shelter, etc.
- d. Specialty substance abuse center
- e. A halfway house/recovery house
- f. A therapeutic community
- g. A social model
- h. A health maintenance organization (HMO) or managed care entity/organization (MCE/MCO)
- i. Something else (specify):\_\_\_\_\_

1.5 What type of care does this SDU provide? (*Column 4, Table A*)

- a. Detoxification (24-hour care) hospital inpatient
- b. Detoxification (24-hour care) freestanding residential
- c. Rehabilitation/residential (24-hour care) hospital inpatient (not detoxification)
- d. Rehabilitation/residential (24-hour care) non-hospital short-term (30 days or less)
- e. Rehabilitation/residential (24-hour care) non-hospital long-term (over 30 days)
- f. Outpatient (ambulatory, less than 24-hour care)—outpatient
- g. Outpatient (ambulatory, less than 24-hour care)—intensive\* outpatient
- h. Outpatient (ambulatory, less than 24-hour care) detoxification
- i. Other (specify)

[\* Intensive outpatient refers to services provided to a client that lasts two hours or more per day for three or more days per week.]

1.6 What is the therapeutic approach/treatment strategy used by this SDU?  
(*Column 5, Table A*)

- a. Chemical Dependency (Minnesota Model or 12-step orientation)
- b. Medical Model
- c. Modified Therapeutic Community
- d. Traditional Therapeutic Community
- e. Individualized Psychiatric Services
- f. California Social Model
- g. Methadone detoxification/maintenance
- h. Other (specify) \_\_\_\_\_



TABLE A SDUS TO WHICH YOU REFER CLIENTS WITHIN YOUR ORGANIZATION				
NAME OF SDU WITHIN ORGANIZATION	FACILITY CATEGORY	FACILITY DESCRIPTION	TYPE OF CARE	THERAPEUTIC APPROACH
<i>Example: New Beginnings</i>	<i>h. Freestanding residential</i>	<i>f. Therapeutic community</i>	<i>e. Rehabilitation/residential non-hospital long-term</i>	<i>c. Modified Therapeutic Community</i>

**2. SDUs TO WHICH YOU REFER CLIENTS OUTSIDE OF YOUR ORGANIZATION**

2.1 How many separate SDUs do you refer clients to that are **outside** of your organization?

\_\_\_\_\_ (# of SDU's)

For each SDU outside of your organization please complete the following information:  
*(Use the attached Table B: SDUs outside of your organization)*

2.2 What is the name of this SDU? *(Column 1, Table B)*

2.3 Which ONE category BEST describes this facility? *(Column 2, Table B)*

- a. A general hospital with a specialty substance abuse unit
- b. A general hospital without a specialty substance abuse unit
- c. A psychiatric hospital
- d. Other specialized hospital (for example, veterans, alcoholism, maternity, children, orthopedics)
- e. Correctional facility
- f. School
- g. Sole or group practice
- h. Freestanding (non-hospital, outpatient or residential)
- i. Other (specify):\_\_\_\_\_

2.4 How would you describe this facility? *(Column 3, Table B)*

- a. A multi-service mental health organization (includes community mental health centers)
- b. A community health center
- c. Other community facility, such as a church, shelter, etc.
- d. Specialty substance abuse center
- e. A halfway house/recovery house
- f. A therapeutic community
- g. A social model
- h. A health maintenance organization (HMO) or managed care entity/organization (MCE/MCO)
- i. Something else (specify):\_\_\_\_\_

2.5 What type of care does this SDU provide? (*Column 4, Table B*)

- a. Detoxification (24-hour care) hospital inpatient
- b. Detoxification (24-hour care) freestanding residential
- c. Rehabilitation/residential (24-hour care) hospital inpatient (not detoxification)
- d. Rehabilitation/residential (24-hour care) non-hospital short-term (30 days or less)
- e. Rehabilitation/residential (24-hour care) non-hospital long-term (over 30 days)
- f. Outpatient (ambulatory, less than 24-hour care)—outpatient
- g. Outpatient (ambulatory, less than 24-hour care)—intensive\* outpatient
- h. Outpatient (ambulatory, less than 24-hour care) detoxification
- i. Other (specify)

[\* Intensive outpatient refers to services provided to a client that lasts two hours or more per day for three or more days per week.]

2.6 What is the therapeutic approach/treatment strategy used by this SDU?  
(*Column 5, Table B*)

- a. Chemical Dependency (Minnesota Model or 12-step orientation)
- b. Medical Model
- c. Modified Therapeutic Community
- d. Traditional Therapeutic Community
- e. Individualized Psychiatric Services
- f. California Social Model
- g. Methadone detoxification/maintenance
- h. Other (specify) \_\_\_\_\_

[illegible]

**SERVICE DELIVERY UNIT DESCRIPTION  
DATA COLLECTION FORM**

# **SAMHSA/CSAT**

## **SERVICE DELIVERY UNIT (SDU) DESCRIPTION**

### **INSTRUCTIONS FOR COMPLETING THE *SDU DESCRIPTION***

The *Service Delivery Unit Description* will be completed once each year to provide a description of the client population, treatment modality, treatment capacity, treatment services, staff characteristics, and financing. This information will provide an annual profile of each SDU's clients, services, and operations. A separate SDU Description is to be completed on every SDU.

The *Service Delivery Unit Description* should be completed by a staff person who is familiar with the organizational features and operations and who has access to information about clients, services provided, and financial information. The identity of the staff person who completes the *Service Delivery Unit Description* will remain confidential. A respondent/contact name is requested in the event questions arise regarding the information provided by a grantee. No information identifying a specific respondent or grantee will appear in any report developed as part of a The Center for Substance Abuse Treatment evaluation.

The *Service Delivery Unit Description* is divided into six parts: (1) the client population; (2) treatment modality; (3) service capacity; (4) treatment services; (5) staff characteristics; and (6) financing. Please follow the instructions for specific items, and refer to the list of definitions provided to ensure selection of the appropriate response.

## INSTRUCTIONS

- Complete a *Service Delivery Unit Description* for each SDU in your agency.
- Some of the items require the respondent to provide a short, written response. In most cases, filling in a number or percent is sufficient.
- In cases where a particular item does not apply to your SDU, please mark *Not Applicable*.
- A few items require only one response (e.g., *circle one*), while others require multiple responses (e.g., *circle all that apply*). Read the instructions carefully and select the most appropriate response(s) for the SDU.
- If the requested information is not available, indicate that there are no data currently available (NDC).
- When completing the instrument, focus on current SDU operations and services provided, not what is planned for in the future.

In order to maintain consistency in reporting across SDUs, please use the following definitions when completing the *Service Delivery Unit Description*:

- A **Service Delivery Unit (SDU)** is defined as a single site offering a single treatment modality. A provider of substance abuse treatment services, for example, may have one physical location that provides three substance abuse treatment service modalities and, therefore, has three SDUs (i.e., freestanding residential detoxification, non-hospital long-term residential, outpatient) or a provider may have three locations that provide the same modality or type of care (i.e., three freestanding residential long-term programs in three different parts of the city). In each example, three distinct SDUs are identified.
- Counseling/Therapeutic staff include psychiatrists, psychologists, social workers, counselors, other therapists or rehabilitation specialists, outreach workers and other related professionals.

The *Service Delivery Unit Description* is designed to collect information on one service delivery unit. The response categories for a number of items include a variety of treatment services that could be offered by the SDU or to which clients are referred. A number of items request information about: 1) services that are not provided by the SDU; 2) services that are not provided by the SDU, but to which clients are referred (either within the same agency or to an outside agency); 3) services that are provided on site by the SDU and 4) services that are provided on site, but by another agency or organizational entity.

**SAMHSA/CSAT  
SERVICE DELIVERY UNIT (SDU) DESCRIPTION  
(SDU) IDENTIFICATION SHEET**

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Name of Respondent/Contact:** \_\_\_\_\_

**Specific Role (e.g., Project Director):** \_\_\_\_\_

**CSAT Project Title:** \_\_\_\_\_

**Name of Service Delivery Unit (SDU):** \_\_\_\_\_

**Grantee Agency/Organization:** \_\_\_\_\_

**CSAT Grantee No:** \_\_\_\_\_

**State ID:** \_\_\_\_\_

**NFR (National Facility Register) ID:** \_\_\_\_\_

**UFDS (Uniform Facility Data Set) No:** \_\_\_\_\_

**Total Client Capacity:** \_\_\_\_\_

**No. slots-Men:** \_\_\_\_\_

**No. slots-Women:** \_\_\_\_\_

**No. slots-Children:** \_\_\_\_\_

**No. slots-Adolescents:** \_\_\_\_\_

**CSAT-funded Capacity:** \_\_\_\_\_

**No. slots-Men:** \_\_\_\_\_

**No. slots-Women:** \_\_\_\_\_

**No. slots-Children:** \_\_\_\_\_

**No. slots-Adolescents:** \_\_\_\_\_



**CSAT**  
**SERVICE DELIVERY UNIT DESCRIPTION**

**1. CLIENT CHARACTERISTICS**

1.1 What is the SDU target population (i.e., homeless, indigenous, teenagers, ethnic minorities, criminal justice involved, etc.)?

1.2 What are the characteristics of the clients served by this SDU? (Please check all that apply).

<b>■ Age range</b>	<b>Clients Served</b>
0-6	_____
7-10	_____
11-13	_____
14-17	_____
18-20	_____
21-25	_____
26-30	_____
31-35	_____
36-40	_____
Over 40	_____
<b>■ Gender</b>	
Male	_____
Female	_____
<b>■ Ethnicity</b>	
White	_____
African-American	_____
Hispanic	_____
Asian/Pacific Islander	_____
Native American	_____
Alaskan Native	_____
Multiracial (specify)	_____
Other (specify)	_____

■ <b>Juvenile/Criminal Justice Status</b>	<b>Clients Served</b>
No prior record	_____
Charges pending (non-incarcerated)	_____
Probation	_____
Incarcerated/detention	_____
Parole	_____
Diversion	_____
Other (specify)	_____
■ Other targeted characteristics specify:	

1.3 What is the geographic target area of your SDU? (For example, the county)

1.4 From which sources were clients referred to this SDU in the past 12 months?

**Referral Source:**

- |  |                 |
|--|-----------------|
| a. Detoxification program                                    | _____ (percent) |
| b. Alcohol or other drug treatment program (not incl. detox) | _____ (percent) |
| c. 12-step program/sponsor                                   | _____ (percent) |
| d. Alcohol or other drug prevention program                  | _____ (percent) |
| e. Central intake  | _____ (percent) |
| f. Maternal and child health agency/program                  | _____ (percent) |
| g. Battered women's shelter                                  | _____ (percent) |
| h. Homeless shelter  | _____ (percent) |
| i. Child and family services                                 | _____ (percent) |
| j. Criminal justice system                                   | _____ (percent) |
| k. Faith community   | _____ (percent) |
| l. Family planning services                                  | _____ (percent) |
| m. Private therapist   | _____ (percent) |
| n. Medical/mental health public clinic                       | _____ (percent) |
| o. Managed care organization                                 | _____ (percent) |
| p. Private physician   | _____ (percent) |
| q. Other health care provider                                | _____ (percent) |
| r. Educational agency  | _____ (percent) |
| s. Outreach program  | _____ (percent) |
| t. Social service agency                                     | _____ (percent) |
| u. Promotional/Mass media                                    | _____ (percent) |
| v. Family member/friend                                      | _____ (percent) |
| w. Individual/Self   | _____ (percent) |
| x. Other (specify):  | _____ (percent) |

## 2. SUBSTANCE ABUSE TREATMENT MODALITY AND APPROACH

*Definitions for questions 2.1 - 2.4 are provided at the end of this document*

2.1 Which ONE category BEST describes this SDU facility? (mark one)

- a. A general hospital with a specialty substance abuse unit
- b. A general hospital without a specialty substance abuse unit
- c. A psychiatric hospital
- d. Other specialized hospital (for example, veterans, alcoholism, maternity, children, orthopedics)
- e. Correctional facility
- f. School
- g. Sole or group practice

**IF A-G IS MARKED, CONTINUE TO QUESTION 2.3**

h. Freestanding (non-hospital, outpatient or residential)

i. Other (specify): \_\_\_\_\_

**IF H-I IS MARKED, CONTINUE TO QUESTION 2.2**

2.2 More specifically, would you describe your SDU facility as? (mark one)

- a. A multi-service mental health organization (includes community mental health centers)
- b. A community health center
- c. Other community facility, such as a church, shelter, etc.
- d. Specialty substance abuse center
- e. A halfway house/recovery house
- f. A therapeutic community
- g. A social model
- h. A health maintenance organization (HMO) or managed care entity/organization (MCE/MCO)
- i. Something else (specify): \_\_\_\_\_

2.3 What type of care does this SDU provide? (circle only one)

- a. Detoxification (24-hour care) hospital inpatient
- b. Detoxification (24-hour care) freestanding residential
- c. Rehabilitation/residential (24-hour care) hospital inpatient (not detoxification)
- d. Rehabilitation/residential (24-hour care) non-hospital short-term (30 days or less)
- e. Rehabilitation/residential (24-hour care) non-hospital long-term (over 30 days)
- f. Outpatient (ambulatory, less than 24-hour care)—outpatient

- g. Outpatient (ambulatory, less than 24-hour care)—intensive\* outpatient
  - h. Outpatient (ambulatory, less than 24-hour care) detoxification
- [\* Intensive outpatient refers to services provided to a client that lasts two hours or more per day for three or more days per week.]

2.4 What is the therapeutic approach/treatment strategy used by this SDU? (circle one)

- a. Chemical Dependency (Minnesota Model or 12-step orientation)
- b. Medical Model
- c. Modified Therapeutic Community
- d. Traditional Therapeutic Community
- e. Individualized Psychiatric Services
- f. California Social Model
- g. Methadone detoxification/maintenance
- h. Other (specify) \_\_\_\_\_

2.5 What client characteristics are taken into account when making referrals or selecting specific services for clients? (Circle all that apply)

- A. Dual diagnosis (alcohol or drug and psychiatric)
- B. Polydrug use
- C. Severity of dependence
- D. Type of primary substance abused
- E. History of prior sexual abuse
- F. Pregnancy status
- G. Gender
- H. Other (specify)

- 2.6 Do SDU staff attempt to match clients to specific treatment services?
- A. Yes
  - B. No
- 2.7 **If yes**, is this process computerized or automated in some way?
- A. Yes
  - B. No
- 2.8 Which of the following best describes how decisions are made about treatment services? (circle one)
- A. Written protocols exist to guide decisions about the types of services to which clients are provided/referred, and they are consistently adhered to.
  - B. Guidelines are used to guide decisions about the types of treatment to which clients are provided/referred
  - C. There are standards or commonly used “rules of thumb” but no established procedures are followed.
  - D. Project staff use their professional judgement as to the best types of services for clients.

### 3. SUBSTANCE ABUSE TREATMENT CAPACITY

- 3.1 How many clients were ***admitted*** (completed intake process and accepted for treatment) in the past 12 months?

Admissions during the past 12-month period \_\_\_\_\_ (number)

- 3.2 What is the planned duration of a treatment episode (e.g., how many days from intake to exit, including continuing care)?

- a. \_\_\_\_\_ Number of days - intake to treatment exit
- b. \_\_\_\_\_ Number of days - continuing care

- 3.3 Are treatment services provided to clients beyond the planned length of stay?

- a. Yes
- b. No

- 3.4 If yes, what is the average actual length of stay for your clients in the last 12 months?

- a. \_\_\_\_\_ Number of days - intake to treatment exit
- b. \_\_\_\_\_ Number of days - continuing care

3.5 What percent of clients had the following types of separations from the SDU in the past 12 month period?

- a. **Completed treatment?** \_\_\_\_\_
- b. **Voluntarily dropped out of treatment?** \_\_\_\_\_
- c. **Administratively discharged from treatment?** \_\_\_\_\_
- d. **Discharged for medical reasons?** \_\_\_\_\_
- e. **Discharged for other reasons? (Please specify reason)** \_\_\_\_\_

3.6 What has been the **actual** average length of stay in treatment (days clients actually remained in treatment) during the past 12 month period for each of the following categories:

- a. Average length of stay for clients who **completed treatment?** \_\_\_\_\_
- b. Average length of stay for clients who **voluntarily dropped out of treatment?** \_\_\_\_\_
- c. Average length of stay for clients who were **administratively discharged** from treatment? \_\_\_\_\_
- d. Average length of stay for clients who were **discharged for medical reasons?** \_\_\_\_\_
- e. Average length of stay for clients who were **discharged for other reasons? (Please specify reasons)** \_\_\_\_\_

#### 4. SUBSTANCE ABUSE TREATMENT SERVICES OFFERED

##### 4.1 What client assessment(s) for adults are provided by this SDU?

A. Of the assessments indicated in the following matrix, please indicate one of the following for this SDU:

**1 = No assessment provided**

(Assessment is neither provided by this SDU nor by referral)

**2 = Referrals, but no assessment provided**

(Assessment is not provided at this SDU, but is provided by referral to another organization or to another facility within this organization)

**3 = Assessment provided on site**

(Assessment is provided on site at this SDU)

B. Please indicate if an instrument is used for the assessment

**Y = Yes, N = No, DK = Don't Know**

ASSESSMENTS	NO ASSESSMENT PROVIDED	REFERRALS BUT NO ASSESSMENT PROVIDED	ASSESSMENT PROVIDED ON-SITE	INSTRUMENT USED FOR ASSESSMENT
<b>Assessments for Adults:</b>				
■ Motivation/readiness for treatment	1	2	3	Y N DK
■ Substance abuse history/severity assessment	1	2	3	Y N DK
■ Psychiatric/psychological history/diagnostic evaluation	1	2	3	Y N DK
■ Psychotropic medication needs assessment	1	2	3	Y N DK
■ Family/social functioning/stability assessment	1	2	3	Y N DK
■ Parenting stress level	1	2	3	Y N DK
■ Comprehensive medical assessment/exam	1	2	3	Y N DK
■ Drug screening	1	2	3	Y N DK
■ Psychosocial history	1	2	3	Y N DK
■ History of incest, other sexual, emotional/ psychological, or physical abuse assessment	1	2	3	Y N DK
■ Criminal justice history	1	2	3	Y N DK
■ Vocational or aptitude assessment	1	2	3	Y N DK
■ Educational assessment	1	2	3	Y N DK
■ Eligibility for entitlements and social services	1	2	3	Y N DK
■ Cultural competency assessment	1	2	3	Y N DK
■ Other (specify)	1	2	3	Y N DK



4.2 What client assessment(s) **for children** are provided by this SDU?

A. Of the assessments indicated in the following matrix, please indicate one of the following for this SDU:

**1 = No Assessment provided**

(Assessment is not provided at this SDU nor by referral)

**2 = Referrals, but no Assessment provided**

(Assessment is not provided at this SDU, but is provided by referral to another organization or to another facility within this organization)

**3 = Assessment provided on site**

(Assessment is provided on site at this SDU)

B. Please indicate if an instrument is used for the assessment

**Y = Yes, N = No, DK = Don't Know**

ASSESSMENT	NO ASSESSMENT PROVIDED	REFERRALS, BUT NO ASSESSMENT PROVIDED	ASSESSMENT PROVIDED ON-SITE	INSTRUMENT USED FOR ASSESSMENT
■ Comprehensive developmental assessment	1	2	3	Y N DK
■ Cognitive assessment	1	2	3	Y N DK
■ Social/behavioral assessment	1	2	3	Y N DK
■ Comprehensive medical assessment	1	2	3	Y N DK
■ Psychiatric/psychological history/diagnostic evaluation	1	2	3	Y N DK
■ History of incest, other sexual, emotional/psychological, or physical abuse	1	2	3	Y N DK
■ Educational assessment	1	2	3	Y N DK
■ Juvenile/Criminal justice involvement	1	2	3	Y N DK
■ Other (specify)	1	2	3	Y N DK

4.3 Of the services indicated in the following table, please indicate one of the following for this SDU:

<ol style="list-style-type: none"><li>1. <b>No Service provided</b> (Service is not provided at this SDU nor by referral)</li><li>2. <b>Referrals, but Service provided</b> (Service is not provided at this SDU, but is provided by referral at another agency or organization or at another facility within this agency)</li><li>3. <b>Service provided on-site, by another agency</b> (Service is provided on-site at this SDU, but it is provided by another agency or organizational entity such as a parent organization or subsidiary/affiliate)</li><li>4. <b>Service provided on site</b> (Service is provided on site at this SDU)</li></ol>
<p>If service is on-site, please indicate the average length of a session and frequency of sessions per client (per week)</p>

**Note: you are first asked to provide information about services for clients, next, services for clients' infants and children, and last, services for clients' families and extended family members.**

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
PRETREATMENT SERVICES						
■ Treatment orientation classes/groups	1	2	3	4		
■ Treatment readiness groups	1	2	3	4		
■ Case management	1	2	3	4		
■ Individual counseling	1	2	3	4		
■ Group counseling	1	2	3	4		
■ Family counseling	1	2	3	4		
■ Substance abuse education	1	2	3	4		
■ Self-help groups	1	2	3	4		
■ Other (specify)	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
MEDICAL TESTING						
■ HIV/AIDS testing	1	2	3	4		
■ STD testing	1	2	3	4		
■ TB testing	1	2	3	4		
■ Hepatitis testing	1	2	3	4		
■ Pregnancy testing (women)	1	2	3	4		
■ PAP testing (women)	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
MEDICAL SUBSTANCE ABUSE TREATMENT SERVICES						
■ Detoxification	1	2	3	4		
■ Methadone treatment/maintenance	1	2	3	4		
■ Other pharmacological treatment (non-methadone)	1	2	3	4		
■ Acupuncture treatment	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
<b>INDIVIDUAL THERAPY/COUNSELING WHICH IS DESIGNED TO ADDRESS THE FOLLOWING PROBLEMS OR PROVIDE THE FOLLOWING INTERVENTIONS:</b>						
■ Substance abuse	1	2	3	4		
■ Sexual abuse (not incl. incest)	1	2	3	4		
■ Incest	1	2	3	4		
■ Physical abuse	1	2	3	4		
■ Emotional/Psychological abuse	1	2	3	4		
■ Psychiatric disorder	1	2	3	4		
■ Bereavement/Grief	1	2	3	4		
■ HIV/AIDS, STDs	1	2	3	4		
■ Anger management	1	2	3	4		
■ Relapse prevention	1	2	3	4		
■ Violence prevention/reduction	1	2	3	4		
■ Child abuse and neglect	1	2	3	4		
■ Family reunification	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
<b>GROUP THERAPY/COUNSELING WHICH IS DESIGNED TO ADDRESS THE FOLLOWING PROBLEMS OR PROVIDE THE FOLLOWING INTERVENTIONS:</b>						
■ Substance abuse	1	2	3	4		
■ Sexual abuse (not incl. incest)	1	2	3	4		
■ Incest	1	2	3	4		
■ Physical abuse	1	2	3	4		
■ Emotional/Psychological abuse	1	2	3	4		
■ Psychiatric disorder	1	2	3	4		
■ Anger management	1	2	3	4		
■ Bereavement/Grief	1	2	3	4		
■ HIV/AIDS, STDs	1	2	3	4		
■ Relapse prevention	1	2	3	4		
■ Violence prevention/reduction	1	2	3	4		
■ Child abuse and neglect	1	2	3	4		
■ Family reunification issues	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
MEDICAL CARE SERVICES						
Pregnancy-related services (women only)						
■ Pre-natal care	1	2	3	4		
■ Post-natal care	1	2	3	4		
■ Hospital inpatient care	1	2	3	4		
General medical						
■ General primary health care	1	2	3	4		
■ Gynecological care	1	2	3	4		
■ Family planning	1	2	3	4		
■ Nutritional therapy	1	2	3	4		
■ Smoking cessation	1	2	3	4		
■ Dental care	1	2	3	4		
■ Eye care	1	2	3	4		
Disease-related services						
■ Asthma	1	2	3	4		
■ Chronic obstructive pulmonary disease	1	2	3	4		
■ Diabetes mellitus	1	2	3	4		
■ Liver disorder	1	2	3	4		



SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
■ Seizure disorder	1	2	3	4		
■ Physical disability	1	2	3	4		
■ Physical trauma	1	2	3	4		
■ Eating disorder	1	2	3	4		
<i>Infectious disease-related services</i>						
■ HIV/AIDS treatment	1	2	3	4		
■ STD treatment	1	2	3	4		
■ TB treatment/prophylaxis	1	2	3	4		
■ Hepatitis management/treatment	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
<b>EDUCATIONAL/VOCATIONAL SERVICES</b>						
■ Literacy training	1	2	3	4		
■ GED preparation	1	2	3	4		
■ Education/Rehabilitation	1	2	3	4		
■ Vocational training	1	2	3	4		
■ Job placement	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
OTHER THERAPEUTIC/SUPPORT SERVICES						
■ Housing	1	2	3	4		
■ Public Assistance	1	2	3	4		
■ Parent training	1	2	3	4		
■ Health education	1	2	3	4		
■ Life skills education	1	2	3	4		
■ Nutrition education	1	2	3	4		
■ Legal services	1	2	3	4		
■ Respite care	1	2	3	4		
■ Recreational therapy	1	2	3	4		
■ Physical fitness	1	2	3	4		
■ Assertiveness training	1	2	3	4		
■ Meditation/Yoga	1	2	3	4		
■ 12 step meetings (AA, NA, etc)	1	2	3	4		
■ Self-help programs for conditions other than substance abuse	1	2	3	4		
■ Child care	1	2	3	4		
■ Peer counseling	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
■ Case management	1	2	3	4		
■ Stress management/coping skills	1	2	3	4		
■ Decision making/problem solving training	1	2	3	4		
■ Spirituality	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
<b>ALTERNATIVE TREATMENTS (IF YOUR SDU PROVIDES ALTERNATIVE TREATMENT, PLEASE PROVIDE DESCRIPTION OF TREATMENT)</b>						
■ Acupuncture	1	2	3	4		
■ Natural plant/herb treatments	1	2	3	4		
■ Rituals	1	2	3	4		
■ Traditional ceremonies	1	2	3	4		
■ Other (specify)	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
MEDICAL CARE SERVICES FOR INFANTS AND CHILDREN: (PLEASE SPECIFY AGE RANGE FOR SERVICE)						
■ Immunizations	1	2	3	4		
■ Pediatric primary care	1	2	3	4		
■ Specialized newborn care	1	2	3	4		
■ Well baby care	1	2	3	4		
■ Ongoing care for alcohol/other drug related birth defects	1	2	3	4		
■ Age appropriate gynecological care	1	2	3	4		
■ STD testing/treatment	1	2	3	4		
■ TB testing/treatment	1	2	3	4		
■ Prophylactic medication for TB	1	2	3	4		
■ Hepatitis testing	1	2	3	4		
■ Hepatitis management/treatment	1	2	3	4		
■ Nutrition therapy	1	2	3	4		
■ Speech assessment/therapy	1	2	3	4		
■ Physical assessment/therapy	1	2	3	4		
■ Occupational assessment/therapy	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
■ Infant stimulation/massage	1	2	3	4		
■ Visual assessment	1	2	3	4		
■ Dental care	1	2	3	4		
■ Acupuncture	1	2	3	4		
■ Wellness education/counseling	1	2	3	4		
■ Other (specify)	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
INDIVIDUAL THERAPY/COUNSELING/THERAPEUTIC SERVICES FOR INFANTS AND CHILDREN WHICH HAVE THE FOLLOWING FOCUS OR METHOD						
■ Psychiatric/psychological conditions	1	2	3	4		
■ Mental health services	1	2	3	4		
■ Family therapy	1	2	3	4		
■ Play and art therapy	1	2	3	4		
■ Incest/sexual abuse	1	2	3	4		
■ Physical abuse	1	2	3	4		
■ Emotional/psychological abuse	1	2	3	4		
■ Cognitive skills development	1	2	3	4		
■ Anger management	1	2	3	4		
■ Violence prevention	1	2	3	4		
■ Behavioral counseling/treatment	1	2	3	4		
■ Bereavement/Grief	1	2	3	4		
■ HIV/AIDS	1	2	3	4		
■ Other (specify):	1	2	3	4		



SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
GROUP THERAPY/COUNSELING/ THERAPEUTIC SERVICES FOR INFANTS AND CHILDREN WHICH HAVE THE FOLLOWING FOCUS OR METHOD						
■ Psychiatric/psychological conditions	1	2	3	4		
■ Mental Health services	1	2	3	4		
■ Family therapy	1	2	3	4		
■ Play and Art therapy	1	2	3	4		
■ Incest/sexual abuse	1	2	3	4		
■ Physical abuse	1	2	3	4		
■ Emotional/psychological abuse	1	2	3	4		
■ Cognitive skills development	1	2	3	4		
■ Anger management	1	2	3	4		
■ Violence prevention	1	2	3	4		
■ Behavioral counseling/treatment	1	2	3	4		
■ HIV/AIDS, STDs	1	2	3	4		
■ Bereavement/Grief	1	2	3	4		
■ Other (specify):	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
OTHER THERAPEUTIC/SUPPORT SERVICES FOR INFANTS AND CHILDREN						
■ Substance abuse education	1	2	3	4		
■ Educational programs and mentoring	1	2	3	4		
■ Physical education or recreation	1	2	3	4		
■ Special/remedial education	1	2	3	4		
■ Early intervention and prevention services	1	2	3	4		
■ Peer oriented programming	1	2	3	4		
■ Therapeutic nursery/day care	1	2	3	4		
■ Continuing care (See page _____)	1	2	3	4		
■ Other (specify)	1	2	3	4		

SERVICE	NO SERVICE PROVIDED	REFERRAL BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE, BY ANOTHER AGENCY	SERVICE PROVIDED ON-SITE	If on-site please indicate the average length of a session (in minutes) and average frequency of session per client (per week)	
					Average Length of session	Frequency of Session
SERVICES FOR FAMILY/EXTENDED FAMILY MEMBERS WHICH HAVE THE FOLLOWING FOCUS OR METHOD						
■ Individual counseling/therapy	1	2	3	4		
■ Group counseling/therapy	1	2	3	4		
■ Family counseling/therapy	1	2	3	4		
■ Alcohol and other drug abuse education	1	2	3	4		
■ 12-step meetings	1	2	3	4		
■ Parenting skills	1	2	3	4		
■ Parent support groups	1	2	3	4		
■ Family social activities	1	2	3	4		
■ Sibling support groups participation	1	2	3	4		
■ Decision making/problem solving training	1	2	3	4		
■ Healthy relationships training	1	2	3	4		
■ Stress management/coping skills training	1	2	3	4		
■ Other (specify)	1	2	3	4		

- 4.4 Of the clients discharged in the past 12 months, what percent were offered *continuing care* to extend the availability of services offered by the SDU (see page 28 for list of continuing care services)

\_\_\_\_\_ Past 12-month period \_\_\_\_\_ (percent) or  
\_\_\_\_\_ Not Applicable

- 4.5 What percent of clients who were offered continuing care services in the past 12-month period actually *participated* in these services?

\_\_\_\_\_ Past 12-month period \_\_\_\_\_ (percent) or  
\_\_\_\_\_ Not Applicable

- 4.6 Of the continuing care services indicated in the following table, please indicate one of the following for this SDU: (Please circle a response for all services listed)

1. **No Service provided**  
(Service is not provided at this SDU nor by referral)
2. **Referrals, but no service provided**  
(Service is not provided at this SDU, but is provided by referral at another organization or at another facility within this organization)
3. **Service provided on site**  
(Service is provided at this SDU)

CONTINUING CARE SERVICE	PAST 12-MONTH PERIOD		
	SERVICE NOT PROVIDED	REFERRALS, BUT NO SERVICE PROVIDED	SERVICE PROVIDED ON-SITE
Substance abuse treatment- counseling	1	2	3
Substance abuse treatment- medical	1	2	3
Mental health counseling	1	2	3
12-step meetings	1	2	3
Family counseling	1	2	3
Primary health care	1	2	3
Permanent housing	1	2	3
Supported housing, halfway house, or transitional housing	1	2	3
Transportation assistance	1	2	3
Parenting education/training/support groups	1	2	3
Educational services	1	2	3
Vocational services	1	2	3
Legal assistance	1	2	3
Therapeutic child care	1	2	3
Child day care	1	2	3
Ongoing case management	1	2	3
Other (specify)	1	2	3

4.7 What outreach activities does your SDU use?

- A. Street outreach \_\_\_\_\_
- B. Day care \_\_\_\_\_
- C. Transportation \_\_\_\_\_
- D. Case management \_\_\_\_\_
- E. Reduced fee or cost to client \_\_\_\_\_
- F. Advertising/mass media \_\_\_\_\_
- G. Presentations at community events \_\_\_\_\_
- H. Presentations to or training of  
allied health professionals \_\_\_\_\_
- I. Distribution of culturally relevant  
and gender specific program information \_\_\_\_\_
- J. Other (specify) \_\_\_\_\_

4.8 Which of the following strategies does your SDU use to improve access to services?

- A. Day care \_\_\_\_\_
- B. Transportation \_\_\_\_\_
- C. Case management interface with other  
community project (e.g., Networks, Outreach) \_\_\_\_\_
- D. Reduced fee or cost to client \_\_\_\_\_
- E. Extended hours \_\_\_\_\_
- F. Multilingual staff \_\_\_\_\_
- G. In-home services \_\_\_\_\_
- H. Other (please specify) \_\_\_\_\_

4.9 Has your SDU attempted to address the special needs of your target population through any of the following methods?

ACTIVITIES TO ADDRESS SPECIAL NEEDS OF TARGET POPULATION	YES	NO
<b>CULTURAL APPROPRIATENESS</b>		
<b>ASSESSMENT INSTRUMENTS</b> Use of culturally appropriate assessment instruments and procedures for administration		
<b>LANGUAGE</b> Use of assessment instruments translated into clients' primary language or modified to match the target population's language abilities		
Offer program services in the primary language of the target population (including group counseling and materials)		
<b>STAFF</b> Employ staff who are indigenous to the target population		
Employ staff who have cultural backgrounds similar to target population		
Provide staff training on interactional styles of individuals from target population		
Employ staff who are in recovery from alcohol or drug abuse		
<b>ENVIRONMENT</b> Adapt facility to make it more acceptable to clients from target population (e.g., modify facility to make it appear homelike and/or to increase privacy)		
<b>GENDER SPECIFIC</b>		
<b>ASSESSMENT INSTRUMENTS</b> Use of gender-appropriate assessment instruments and procedures for administration		
<b>STAFF</b> Train staff to work effectively with women only; men only; both		
<b>ENVIRONMENT</b> Adapt facility to make it more appropriate for female clients who are pregnant and/or male or female clients who have children		

ACTIVITIES TO ADDRESS SPECIAL NEEDS OF TARGET POPULATION	YES	NO
<b>AGE SPECIFIC</b>		
<b>ASSESSMENT INSTRUMENTS</b> Use of age appropriate assessment instruments and administration procedures that are appropriate for young children		
<b>STAFF</b> Employ staff who are trained to work with adolescents; children; infants		
Provide staff training about special issues/needs of children exposed to drugs in utero or children from substance abusing families		
<b>ENVIRONMENT</b> Adapt facility to make it safe and appropriate for children		

4.10 What role does the client have in the substance abuse treatment experience and environment? (Check all that apply and then describe)

- A. Client participation in treatment plan for **self** \_\_\_\_\_
- B. Client participation in treatment plan for **children** \_\_\_\_\_
- C. Client participation in treatment plan for collaterals  
(e.g., significant others) \_\_\_\_\_
- D. Client participation in evaluation of treatment progress \_\_\_\_\_
- E. Client participation in children's treatment \_\_\_\_\_
- F. Client participation in administrative rules and privileges \_\_\_\_\_
- G. Client participation in planning social/educational activities \_\_\_\_\_
- H. Client participation in facility maintenance \_\_\_\_\_
- I. Client participation in discharge planning and continuing  
care services \_\_\_\_\_



## 5. STAFFING CHARACTERISTICS

5. 1 How many full-time staff equivalents (FTEs, including part-time) did the SDU employ, for each staff category listed below, during the past 12 months. Please respond for all staff categories even if the response is a fraction or "0."

STAFF CATEGORIES	NUMBER OF FTEs PAST 12-MONTH PERIOD
Psychiatrists	
Other MDs	
RNs, other nursing staff	
Other medical personnel (Physician Assistants, Nurse Practitioners, etc.)	
Psychologists (MA or Ph.D.)	
Social Workers (MSW/DSW)	
Counselors BA or above	
Certified addiction counselors (no degree)	
Counselors in training (no degree or certificate)	
Culturally specific professionals (Elders, Medicine Men/Women, Shamans, Curanderos)	
Other therapists or rehabilitation specialists	
Other professional	
Clerical, administrative	
Evaluation staff	
All other	
TOTAL	

## 6. SUBSTANCE ABUSE TREATMENT FINANCING

6.1 Is this SDU publicly or privately owned? (Circle one)

- a. Private, non-profit
- b. Private, for profit
- c. Publicly owned (State, local government)
- d. Publicly owned (Federal)

6.2 What was the total SDU budget during the past 12 months?

\$ \_\_\_\_\_

6.3 What were the total SDU expenditures during the same past 12 months?

\$ \_\_\_\_\_

6.4 What amount of the SDU budget was received from the following sources? (Please indicate the total amount from each source)

FUNDING SOURCE	TOTAL DOLLAR AMOUNT RECEIVED
CSAT grant	
Other federal support	
State support	
Local government support	
Insurance	
Patient fees	
Other (specify)	
TOTAL	

6.5 What proportion (%) of the SDU budget was allocated to the following:

- \_\_\_\_\_ (percent) on administrative/managerial (non-clinical) staff
- \_\_\_\_\_ (percent) on clerical/support staff
- \_\_\_\_\_ (percent) on professional or clinical staff
- \_\_\_\_\_ (percent) on supplies
- \_\_\_\_\_ (percent) on facilities/renovation
- \_\_\_\_\_ (percent) on rent/utilities
- \_\_\_\_\_ (percent) on training-related activities (staff)
- \_\_\_\_\_ (percent) on training-related activities (client-GED, etc)
- \_\_\_\_\_ (percent) on evaluation
- \_\_\_\_\_ (percent) on other (specify):

---

100% TOTAL

6.6 What was your annualized, average total cost per client/patient during the last 12 months (e.g., October 1, 1995 - September 30, 1996)? [Divide total costs (6.3) by total number of clients]

Average total cost per client \$ \_\_\_\_\_

6.7 What was your annualized, average cost per client/patient for direct services during the past 12 months (e.g., October 1, 1995 - September 30, 1996)? [Divide total costs (6.3 less administrative costs) for direct services by total number of clients]

Average direct service cost per client \$ \_\_\_\_\_

6.8 In regards to health insurance, who is eligible for treatment? (Circle one)

- A. Anyone with a drug or alcohol problem, regardless of insurance
- B. Anyone with a drug or alcohol problem, but no private health insurance

**THANK YOU FOR YOUR ASSISTANCE !!**

## **SERVICE DELIVERY UNIT GLOSSARY**

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>FACILITY CATEGORY</b>	
<b>GENERAL HOSPITAL WITH A SPECIALTY SUBSTANCE ABUSE UNIT</b>	Consists of a nonspecialized acute care hospital with a unit that specializes in substance abuse treatment where the average length of stay for a patient is usually less than 30 days. Includes a veterans affairs hospital (a hospital that operates under the auspices of the department of veteran affairs)
<b>GENERAL HOSPITAL WITHOUT A SPECIALTY SUBSTANCE ABUSE UNIT</b>	Consists of a nonspecialized acute care hospital without a unit that specializes in substance abuse treatment where the average length of stay for a patient is usually less than 30 days. Includes a veterans affairs hospital (a hospital that operates under the auspices of the department of veteran affairs)
<b>PSYCHIATRIC HOSPITAL</b>	Consists of a medical facility that offers short-term intensive inpatient treatment and prolonged inpatient treatment to persons suffering from a variety of mental or psychiatric disorders, including alcohol and drug-related Disorders. Such facilities can be public or private.
<b>OTHER SPECIALIZED HOSPITAL</b>	Includes hospitals that emphasize the diagnosis and treatment of particular disorders or population (e.g., maternity, children, orthopedics). This designation is to be used when the other hospital choices are not appropriate.
<b>CORRECTIONAL FACILITY</b>	Includes facility for the incarceration of individuals accused or convicted of criminal activity. A correctional facility must have a separate perimeter that precludes the regular commingling of the inmates with inmates from other facilities. Includes adult or juvenile correctional institutions, reentry and diversion facilities, or prisons.
<b>SCHOOL</b>	Refers to a school principal, counselor, teacher or student assistance program (sap), the school system or education agency.
<b>SOLO OR GROUP PRACTICE</b>	Includes a single practitioner or two or more practitioners who are licensed or certified professionals who have been formally trained in their respective fields. Financial reimbursement goes directly to the practitioner(s).
<b>FREESTANDING (NON-HOSPITAL, OUTPATIENT OR RESIDENTIAL)</b>	Consists of a service facility that is not physically located in a hospital, correctional facility, or multiservice mental health center. These are facilities that one would enter only to receive treatment for drug abuse or alcoholism. Examples are most store front clinics.
<b>OTHER</b>	Other than the above listed categories (please describe)

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>FACILITY DESCRIPTION</b> (to be used only if Freestanding or Other category is indicated in facility category)	
<b>MULTI-SERVICE MENTAL HEALTH ORGANIZATION (INCLUDES COMMUNITY MENTAL HEALTH CENTERS)</b>	An organization that provides services in two or more service areas that are under the organization's direct administrative control and is not classified as a psychiatric hospital, general hospital or residential treatment center for emotionally disturbed children. Includes services that are provided in a comprehensive manner to provide a community service: outpatient care, inpatient care partial hospitalization, emergency care, and consultation and education. Community mental health centers (CMHCs) qualify as multi-service mental health organizations.
<b>COMMUNITY HEALTH CENTER</b>	Licensed primary care clinic or community health clinic where medical care is provided. The diagnostic and treatment services are provided by licensed physicians, nurses and other health care professionals or technicians.
<b>OTHER COMMUNITY FACILITY, SUCH AS A CHURCH, SHELTER, ETC.</b>	To be used for nontreatment providers who may not hold their sessions in a traditional treatment setting. Examples are schools, churches, county health department, emergency shelters and shopping centers.
<b>SPECIALTY SUBSTANCE ABUSE CENTER</b>	An identifiable operational entity that has established a clearly delineated process for providing substance abuse services that are aimed at achieving permanent or long-term changes in alcohol or drug-taking behavior. A program has a designated staff, specific policies and procedures that govern its operations, an allocated budget, and eligibility criteria that are applied to persons who request services.
<b>HALFWAY HOUSE/RECOVERY HOUSE</b>	A community-based, peer-group oriented, residential facility that provides food, shelter, and supportive services (including vocational, recreational, social services) in a supportive non-drug-use, non-drinking environment for the ambulatory and mentally competent recovering substance abuser who may be reentering the work force. It also provides or arranges for provision of appropriate treatment services.
<b>THERAPEUTIC COMMUNITY (TC)</b>	These are generally residential programs that are highly structured blends of resocialization, milieu therapy, behavioral modification practices, progression through a hierarchy of occupational training and responsibility with the TC, community re-entry, and a variety of social services. Most TC programs include an absolute prohibition on any illicit drug use or violent behavior by clients during treatment.
<b>SOCIAL MODEL</b>	Social Model refers to a particular type of residential program, seen more in California, which focuses on recovering alcoholics, stressing peer support and communal sober living.
<b>HEALTH MAINTENANCE ORGANIZATION (HMO) OR MANAGED CARE ENTITY OR ORGANIZATION (MCE/MCO)</b>	A prepaid health insurance plan that uses a per capita approach to provide comprehensive health services to voluntarily enrolled and defined population by combining the delivery and financing of health care services into a single organization; HMOs typically provide treatment in their own facilities and use their own medical staff or contract with a group of practitioners to provide care; for inpatient, HMOs sometimes contract with a local general hospital to use facilities; some well known HMOs are Kaiser Permanente and the Group Health Association.
<b>OTHER</b>	Something other than the above listed categories (please describe)

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>TYPE OF CARE</b>	
<b>DETOXIFICATION, HOSPITAL INPATIENT</b>	A facility that provides twenty-four hour/day medical acute services for detoxification for persons with severe medical complications associated with withdrawal.
<b>DETOXIFICATION, FREESTANDING RESIDENTIAL FACILITY</b>	A facility that provides 24 hour/day services in a non-hospital setting that provides for safe withdrawal and transition to on-going treatment.
<b>REHABILITATION/ RESIDENTIAL - HOSPITAL INPATIENT (NOT DETOXIFICATION)</b>	A facility that provides 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.
<b>REHABILITATION/ RESIDENTIAL NON-HOSPITAL SHORT TERM</b>	The care usually consists of 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.
<b>REHABILITATION/ RESIDENTIAL NON-HOSPITAL LONG-TERM</b>	The care consists of more than 30 days of non-acute care in a setting with treatment and other drug abuse and dependency services. This care may include transitional living arrangements such as halfway houses.
<b>OUTPATIENT-OUTPATIENT</b>	Care consists of treatment/recovery/aftercare or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. May also be referred to as nonresidential services in the alcoholism field.
<b>OUTPATIENT-INTENSIVE OUTPATIENT</b>	The care consists of ambulatory treatment services as described above, but these services last two or more hours per day and are provided three or more days per week. Day care is included in this category.
<b>OUTPATIENT-DETOXIFICATION</b>	Also referred to as ambulatory detoxification and consists of outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological).
<b>OTHER</b>	Something other than the above listed categories (please describe)

## SERVICE DELIVERY UNIT GLOSSARY

### THERAPEUTIC APPROACH

<b>CHEMICAL DEPENDENCY (MINNESOTA MODEL OR 12-STEP ORIENTATION)</b>	Programs based on the Minnesota or Hazeldon models originally developed for the treatment of alcoholism. Self-help groups are part of the treatment.
<b>MEDICAL MODEL</b>	Model adopts the addictive nature of drugs and views an individual's physiological malfunctions as the cause of drug or alcohol addiction. Detoxification is the most common approach.
<b>MODIFIED THERAPEUTIC COMMUNITY</b>	This encompasses many of the elements of the traditional therapeutic community (TC), described below, in a modified form. Modified TC's generally are designed for special populations such as women and children or people with HIV, use less confrontational techniques, and may be more tolerant of relapse by the client.
<b>TRADITIONAL THERAPEUTIC COMMUNITY (TC)</b>	These are generally residential programs that are highly structured blends of resocialization, milieu therapy, behavioral modification practices, progression through a hierarchy of occupational training and responsibility with the TC, community re-entry, and a variety of social services. Most TC programs include an absolute prohibition on any illicit drug use or violent behavior by clients during treatment.
<b>INDIVIDUALIZED PSYCHIATRIC SERVICES</b>	This approach generally considers the impact of mental illness, social support, situational and family issues. Treatment may include individual and group treatment combined with psychotropic medication as needed. Used primarily for clients with a dual diagnosis (e.g., mental illness and drug addiction).
<b>CALIFORNIA SOCIAL MODEL</b>	This model refers to a particular type of residential program seen more in California, which focuses on recovering alcoholics, stressing peer support and communal sober living.
<b>METHADONE DETOXIFICATION/ MAINTENANCE</b>	Generally refers to treatment for heroin and other opiate users who are given daily oral doses of methadone, random drug testing and rehabilitative and counseling services. Detoxification includes short term (1-3 months) use of methadone to moderate withdrawal symptoms from heroin and other opiates.
<b>CULTURALLY BASED TREATMENT</b>	Treatment that addresses the unique needs of specific target populations and incorporates culturally knowledge and practices relevant to the target population's health-care beliefs, religious and/or spiritual systems within their substance abuse treatment. The intent is to address substance abuse issues more effectively by including factors such as spirituality and cultural identity in the intervention strategies.
<b>GENDER SPECIFIC TREATMENT</b>	An approach to treatment for women that deals with the intrapsychic causes of problems as well as the societal expectations and oppressions that contribute to behavior. This approach takes into account the social, gender, and economic barriers to treatment for women, and is based on providing a caring, nurturing, safe, and empowering environment for women.
<b>MILIEU THERAPY</b>	Generally refers to a residential setting (hospital or non-hospital) that includes five main components: structure (organization of the physical environment, time, and activity), involvement, containment, support, and validation to create a positive treatment environment.



## **SERVICE DELIVERY UNIT GLOSSARY**

### **THERAPEUTIC APPROACH**

#### **MOTIVATIONAL INTERVIEWING**

Associated with the work of Dr. W.R. Miller and S. Rollnick. A directive and non-confrontational client-centered counseling approach for initiating behavior change by helping clients to resolve ambivalence. The goal is to develop “motivational discrepancy between present behavior and desired goals” within the client, based on the theory that this discrepancy will trigger behavior change.

#### **OTHER**

Other than the above listed categories (i.e., family-centered, harm reduction)

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>REFERRAL SOURCES</b>	
<b>SUBSTANCE ABUSE SERVICES</b>	Includes detoxification units, alcohol or other drug treatment programs, prevention programs, 12-step programs (AA, NA, etc)
<b>CENTRAL INTAKE UNIT (CIU)</b>	Services performed by a "provider" (see PROVIDER- program/clinical terms)) whose function is to screen applicants to determine their suitability for treatment, and to place or refer suitable applicants to an appropriate treatment modality or for those needed services. Applicants are screened using one or more of the following diagnostic procedures assessing substance use/abuse dependency: (1) medical examination, (2) psychological testing, (3) psychiatric examination, (4) urine testing, and/or (5) social history evaluation.
<b>CRIMINAL JUSTICE SYSTEM</b>	Includes referrals from a judge, prosecutor, probation officer or other personnel affiliated with a Federal, State, and/or county judicial system, as well as referrals from the police. This also includes clients/patients who have been referred in lieu of, or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally, it includes clients/patients on pre-parole, pre-release, work and/or home furlough. This also includes clients/patients who have been referred because of civil commitment.
<b>MEDICAL SERVICE AGENCIES</b>	Includes maternal and child health clinics, private physicians, family planning services, managed care organizations, medical health public clinics, etc.
<b>SOCIAL SERVICE AGENCIES</b>	Any organization that provides a variety of social services to clients/patients. Social service agencies may comprise part of state, county, or city, Department of Family Services, Public Housing Authority, Department of Social Services, or even churches. Includes battered women's shelters, homeless shelters, child and family services, faith community, private therapist, educational agency, etc.
<b>OUTREACH-FORMAL</b>	Any activity to identify and engage those in the community in need of treatment and efforts to encourage them to seek treatment, as well as risk reduction behaviors. Includes outreach workers and promotional/mass media.
<b>FAMILY MEMBERS/FRIENDS</b>	Family members are individuals who are related to the client/patient by blood, marriage, or adoption. Friends are any individual with whom the client/patient has an informal, amicable relationship beyond business or professional affiliation. The client/patient must personally conclude that this other person is "a friend."

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>PROGRAM/CLINICAL TERMS</b>	
<b>AGENCY</b>	The umbrella organization that administers funds for the grantee. This does not refer to the single state agency (SSA).
<b>ASSESSMENT</b>	Services performed by a provider to screen applicants to determine their suitability for treatment and to place or refer suitable applicants to an appropriate treatment modality or for other needed services. Applicants may be screened on one or more of the following: Motivation/readiness for treatment, Substance abuse history/severity, Psychiatric/psychological history/diagnostic evaluation, Psychotropic medication needs, Family/social functioning/stability, Maternal bonding, Parenting stress level, Comprehensive medical assessment/exam, Drug screening, Psychosocial history, History of incest or other sexual, emotional/psychological, or physical abuse, Criminal justice history, Vocational or aptitude assessment, Educational assessment, Eligibility for entitlements and social services and Cultural competency. Child assessments may include one or more of the following: Comprehensive developmental, Cognitive, Social/behavioral, Comprehensive medical, Psychiatric/psychological history/diagnostic evaluation, History of incest, other sexual, emotional/psychological, or physical abuse, Educational, Juvenile/Criminal justice involvement.
<b>CASE MANAGEMENT</b>	The involvement of staff, through a variety of mechanisms, in a process to ensure that all clients receive services appropriate to their needs. Includes individualized attention emphasizing some type of intervention or participation in the nature environment of the patient involving one or more of the following activities: (1) outreach, engagement, or assessment of the patient and subsequent planning for a range of services, entitlement, and assistance; (2) brokering, coordinating, or advocating for the range of services needed; (3) clinical intervention with the patient to assist adaptive functioning in the environment; and/or (4) monitoring response to services.
<b>CERTIFIED SUBSTANCE ABUSE COUNSELOR</b>	An individual who has been certified by a state, or other certifying body, as having the necessary training and experience to provide substance abuse counseling services.
<b>CHILD AND FAMILY SERVICES</b>	An agency which is part of the state, city, or county Department of Family Services and provides a variety of social services to clients/patients some of which may include providing care for minor children of active clients. Some agencies provide actual drug and alcohol abuse treatment, others provide referrals to clients/patients.
<b>CONTINUING CARE SERVICES</b>	Support services provided after the client has completed the "formal" treatment process such as after a client has re-entered the community after completing residential treatment. Services are designed to strengthen and maintain the client's sobriety after "formal" treatment has ended. Services may include: Substance abuse counseling, Mental health counseling, 12-step meetings, Family counseling, Primary health care, Permanent Housing, Supported housing, halfway house, or transitional housing, Parenting education/training/support groups, Educational services, and Vocational services.

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>PROGRAM/CLINICAL TERMS</b>	
<b>COUNSELING</b>	Therapeutic services that are provided to clients individually or in a group session by a mental health professional or paraprofessional. Sessions are designed to inform, motivate, guide and assist clients to deal with alcohol or other drug problems and related life issues. Counseling activities are process-oriented and focus on feelings, attitudes and perceptions, interpersonal relations, etc.
<b>COUNSELOR</b>	Any individual working in an alcohol or drug treatment unit who has as one of his/her major work functions the therapeutic interaction with clients/patients. Counselors may or may not have college or professional degrees, and may not be certified or licensed. The title of counselor is somewhat generic because individuals with this title may perform various functions such as case management, supervision, and program direction.
<b>CULTURALLY SPECIFIC INTERVENTIONS</b>	Treatment services that are based from one's culture and generally associated with Native American Indians and includes Non-traditional or non-western treatment such as Natural plant/herb treatments, rituals, and Traditional ceremonies.
<b>DETOXIFICATION</b>	Services that provide for the supervised elimination of the physical dependence on a pharmacological agent.
<b>DUAL DIAGNOSIS</b>	The coexistence of a mental disorder with a specific diagnosis of substance abuse (e.g., alcohol abuse, addiction to heroin). Mental Disorders should be assessed by a licensed/certified health professional and can include but are not limited to specific diagnosis under the following classifications: mood disorders (including depression), anxiety disorders, personality disorders, dissociative disorders, schizophrenia and other psychotic disorders, and eating disorders.
<b>EDUCATION/ VOCATIONAL SERVICES</b>	Services include health, education, HIV/AIDS education, educational services, parental skills training, literacy programs, cultural education/training and specific training to assist clients in developing a vocation as well as obtaining and keeping jobs.
<b>FAMILY PLANNING</b>	Services that include a broad range of methods and services to limit or enhance fertility including contraceptive methods, preconception counseling, education, and general reproductive health care.
<b>INDIVIDUAL OR GROUP THERAPY/ COUNSELING</b>	SEE COUNSELING. Includes counseling/therapy on issues including: Substance abuse, Sexual abuse, Incest, Physical abuse, Emotional/Psychological abuse, Psychiatric disorder, Anger management, Relapse prevention, Violence prevention/reduction, Child abuse and neglect, Family reunification, Bereavement/Grief, and HIV/AIDS, STDs.
<b>INTERNAL SDU</b>	Separate treatment modalities that are administered by the same grantee agency that administers the CSAT-funded project.
<b>MASTERS OF SOCIAL WORK (MSW)</b>	An individual with a master's degree in social work from an accredited program who provide assistance to patients and their families in handling social, environment, and emotional problems.

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>PROGRAM/CLINICAL TERMS</b>	
<b>MEDICAL CARE SERVICES- CHILDREN AND INFANTS</b>	Diagnostic and treatment services provided by licensed physicians, nurses or other health care professionals or technicians. May include: Immunizations, Pediatric primary care, Specialized newborn care, Well baby care, Ongoing care for alcohol/other drug related birth defects, Age appropriate gynecological care, STD testing/treatment, TB testing/treatment, Prophylactic medication for TB, Hearing assessment, Hepatitis testing, Hepatitis management/treatment, Nutrition therapy, Speech assessment/therapy, Physical assessment/therapy, Occupational assessment/therapy, Infant stimulation/massage, Visual assessment, Dental care, Acupuncture, and Wellness education/counseling
<b>MEDICAL CARE SERVICES - DISEASE-RELATED</b>	Diagnostic and treatment services provided by licensed physicians, nurses or other health care professionals or technicians. May include services for the following: Asthma, Chronic obstructive pulmonary disease, Diabetes mellitus, Liver disorder, Seizure disorder, Physical disability, Physical trauma, and Eating disorder
<b>MEDICAL CARE SERVICES- GENERAL</b>	Diagnostic and treatment services provided by licensed physicians, nurses or other health care professionals or technicians. May include: General primary health care, Gynecological care, Family planning, Nutritional therapy, Smoking cessation, Dental care, and Eye care
<b>MEDICAL CARE SERVICES - INFECTIOUS DISEASE-RELATED</b>	Diagnostic and treatment services provided by licensed physicians, nurses or other health care professionals or technicians. May include: HIV/AIDS treatment, STD treatment, TB treatment/prophylaxis, and Hepatitis management/treatment
<b>MEDICAL SUBSTANCE ABUSE TREATMENT SERVICES</b>	Services may include: Detoxification, Methadone treatment/maintenance, Other pharmacological treatment (non-methadone), and Acupuncture treatment
<b>MEDICAL TESTING</b>	Medical testing may include the following diagnostic procedures: HIV/AIDS testing, STD testing, TB testing, Hepatitis testing, Pregnancy testing, and PAP testing.
<b>PHARMACOLOGICAL TREATMENT</b>	Medication used to control or modify drug ravings (e.g., Antabuse, Naltrexone, and Nicotine patches).
<b>POSTPARTUM</b>	The twelve month period after childbirth
<b>PRENATAL CARE</b>	Services designed to promote the health and well-being of the pregnant woman, fetus, infant and the family up to one year after the infant's birth.
<b>PROGRAM</b>	A group of projects receiving demonstration grant money from CSAT in order to initiate established objectives designed to fulfill a specific CSAT goal. The HIV Outreach program and the Women and Children programs are examples of CSAT programs.
<b>PROJECT</b>	An identifiable operational entity that has established a clearly delineated process for providing substance abuse services that are aimed at achieving permanent or long-term changes in alcohol or drug taking behavior. A project has a designated staff, specific policies and procedures that govern its operations, an allocated budget, and eligibility criteria that are applied to persons who request services. At CSAT, a Project is what CSAT commonly refers to as a grant or grantee.

<b>SERVICE DELIVERY UNIT GLOSSARY</b>	
<b>PROGRAM/CLINICAL TERMS</b>	
<b>PSYCHOTROPIC MEDICATION NEEDS ASSESSMENT</b>	Assessment of the client's current use of prescribed medications, her need for additional or new medications, and/or the need to discontinue current medications.
<b>PRE TREATMENT SERVICES</b>	Services offered before client enters formal residential treatment , usually when client is on a waiting list for treatment. Services may include: Treatment orientation classes/groups, Treatment readiness groups, Case management, Individual counseling, Group counseling, Family counseling, Substance abuse education, and Self-help groups.
<b>PROVIDER</b>	A legally constituted organization that provides services through one or more projects. A provider may be a sole proprietorship, a partnership, a corporation (either for-profit or nonprofit), a wholly owned subsidiary of another legal entity, or a governmental body. A provider has: (1) a formal structured arrangement for alcohol and/or drug abuse treatment or recovery using alcohol and/or drug-specified personnel, (2) a designated portion of the facility (or resources) for treatment services, and (3) an allocated budget for such treatment services. The provider usually offers some form of initial evaluation or diagnosis of its clients/patients and, thereafter, may include a wide range of different services, such as counseling, job placement, or other rehabilitation services.
<b>REFERRAL</b>	A directed instruction to the client/patient to facilitate access to a specific service or services.
<b>REFERRAL/LINKAGE AGREEMENT</b>	A structured formal mechanism between two agencies for appropriate services to be rendered to the project's clients/patients.
<b>SELF HELP GROUPS</b>	Independent support groups or fellowships organized by and for individuals with alcohol or other drug problems or their collateral to help members achieve and maintain abstinence from and/or cope with the effects of alcohol and other drugs. Examples are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Women for Sobriety, Al Anon, and other non-professionally led groups such as Al Anon-Adult Children of Alcoholics.
<b>SERVICE DELIVERY UNIT (SDU)</b>	A Service Delivery Unit (SDU) is defined as a single treatment modality delivered at a single geographic site. A provider of substance abuse treatment services, for example, may have one physical location that provides three substance abuse treatment service modalities and, therefore, has three SDU's (i.e., freestanding residential detoxification, non-hospital long-term residential, outpatient) or a provider may have three locations that provide the same modality or type of care (i.e., three freestanding long-term programs in three different parts of the city). In each example, three distinct SDU's are identified.
<b>SERVICES FOR FAMILY/EXTENDED FAMILY</b>	Services provided to the family or extended family members of the client currently in treatment. Services may include: Individual counseling/therapy, Group counseling/therapy, Family counseling/therapy, Alcohol and other drug abuse education, 12-step meetings, Parenting skills, Parent support groups, Family social activities, Sibling support groups participation, Decision making/problem solving training, Healthy relationships training and Stress management/coping skills training
<b>SEVERITY OF DEPENDENCE</b>	The extent to which the use or abuse of a substance(s) has contributed to the client's/patient's physical, mental, emotional, or social dysfunction.

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